



PsySTART

Staff Self Triage System



Reporting Period: ____ / ____ / ____ to ____ / ____ / ____

Name: _____ (OPTIONAL)

Job Role: _____ (MANDATORY)

Department: _____ (MANDATORY)

Please check if you've experienced any of the following more than usual at your worksite, due to the incident.

1	WITNESSED SEVERE BURN, DISMEMBERMENT, OR MUTILATION?	<input type="checkbox"/>
2	EXPOSURE TO PATIENTS SCREAMING IN PAIN/FEAR?	<input type="checkbox"/>
3	WITNESSED PEDIATRIC DEATH(S) OR SEVERE INJURIES?	<input type="checkbox"/>
4	DID YOU WITNESS AN UNUSUALLY HIGH NUMBER OF DEATHS?	<input type="checkbox"/>
5	FORCED TO ABANDON PATIENT(S)?	<input type="checkbox"/>
6	UNABLE TO MEET PATIENT NEEDS? (such as patient surge, crisis standards of care and lack of resources.)	<input type="checkbox"/>
7	RESPONSIBLE FOR EXPECTANT TRIAGE DECISIONS?	<input type="checkbox"/>
8	DIRECT CONTACT WITH GRIEVING FAMILY MEMBERS?	<input type="checkbox"/>
9	ASKED TO PERFORM DUTIES OUTSIDE OF CURRENT SKILLS?	<input type="checkbox"/>
10	DID YOU EXPERIENCE HAZARDOUS WORKING CONDITIONS? (such as extreme shift length, compromised site safety/security, lack of appropriate PPE or other issues)	<input type="checkbox"/>
11	INJURY, DEATH, OR SERIOUS ILLNESS OF COWORKERS?	<input type="checkbox"/>
12	UNABLE TO RETURN HOME?	<input type="checkbox"/>
13	WORRIED ABOUT THE SAFETY OF YOUR FAMILY MEMBERS/ SIGNIFICANT OTHERS/PETS?	<input type="checkbox"/>
14	UNABLE TO COMMUNICATE WITH FAMILY MEMBERS/SIGNIFICANT OTHERS?	<input type="checkbox"/>
15	HEALTH CONCERNS FOR SELF DUE TO AGENT/TOXIC EXPOSURE? (Infectious Disease, Chemical, Radiological, Nuclear, etc.)	<input type="checkbox"/>
16	AT WORK, WERE YOU INJURED OR BECAME ILL AND TREATED?	<input type="checkbox"/>
17	DIRECTLY IMPACTED BY INCIDENT AT WORK OR AT HOME? If yes, advise your employee health and well-being unit leader.	<input type="checkbox"/>
18	FELT AS IF YOUR LIFE WAS IN DANGER?	<input type="checkbox"/>
19	OTHER CONCERNS (list):	<input type="checkbox"/>

Monitor stress during the response and activate your coping plan early and revise accordingly to maximize your resilience. Review 30 days post-incident, if not sooner.

